



**TOWN OF UXBRIDGE  
BOARD OF HEALTH  
TOWN HALL  
21 SOUTH MAIN STREET  
UXBRIDGE, MA 01569  
508-278-8604**

**Permit #** \_\_\_\_\_

**CERTIFICATE OF COMPLIANCE**

**IT IS THE OWNERS/APPLICANTS RESPONSIBILITY TO SEE THAT HE OR SHE  
HAS ALL SIGNATURES NECESSARY.**

THIS IS TO CERTIFY, that the individual Sewage Disposal System installed ( ) or repaired ( )

By \_\_\_\_\_ at \_\_\_\_\_

As owned by \_\_\_\_\_ has been constructed in accordance

With the provisions of Title 5 of the State Sanitary Code.

Approved plan designed by \_\_\_\_\_ Dated \_\_\_\_\_

Signature of Design Engineer \_\_\_\_\_ Dated \_\_\_\_\_

Signature of Licensed Installer \_\_\_\_\_ Dated \_\_\_\_\_

Agent for the Board of Health \_\_\_\_\_ Dated \_\_\_\_\_  
(Visual Inspection Only)

**AS-BUILT REQUIREMENTS AND FORM**

Four (4) copies of this form must be submitted to the Board of Health accompanied by four (4) Copies of the "as-built" drawing, four (4) copies of the Engineering As-Built Certification Forms, and four (4) copies of the Installer As-Built Certification Form. The As-Built drawing must be in RED superimposed over the design plan.

**SIGNATURES MUST BE ALL ON ONE PAGE – BOARD OF HEALTH SIGNS LAST**

**THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A  
GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORILY**